Approved for use through 7/31/2008, CMB 0651-0032

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Substitute for Form PTO-875									. X6. r	· . •	•:
CLAIMS AS FILED - PART I .									OTHER T. NÁ		
-					1 Final	ENITY	OR 1.	SMALL	ENTITY		
BASIC FEE			UMBER FILEO	NUMB	ER EXTRA	RATE	FEE	1	RATE	FEE	
·	CFR 1.16(a))	-1	2/2			1	<u> </u>	OR		1/00	7
(67	CFR 1.16(q)	0	minus 20 • •) ·	X = =		OR	A8 .	TUS	┧
INDEPENDENT CLAIMS (ST CFR 1.16(b)) minus 3 -					X 8		OR	X	178	4	
S.	LTIPLE DEPENDE	ENT CLAIM PR	ESENT	137 CFR 1,16(d))	+4		OR	**	10	$\frac{1}{1}$	
.,	the difference in	column 1 is le:	ss than zero, e	inter "0" in column	1 TOTAL		1		147111	1	
	. •				127		OR	TOTAL	1.70	ŧ	
CLAIMS AS AMENDED - PART II											ŀ
_	,	(Column 1	<u> </u>	· (Column 2)	(Column 3)	SMALL	ĖNTITY	OR	OTHE	R THAN ENTITY	
ENDMENT A		REMAINS	43	HIGHEST NUMBER	PRESENT	RATE	ADDI-]	RATE	ADDi .	1
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Ų	Independent (27 CFR 1.1664)	4	Minus	1 4	1-4	X: =	1		X \$ 6.	ļ ·	1
MY.	FIRST PRESENT		1	OR .	ψ K P. · · · P· ·	 	ł				
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			\cdot \circ	1210	>	ADO'L FEE		OR	ADD'L FEE	<u> </u>	l
MENDMENT B	Τ	(Column 1 CLAIMS		(Cglumn 2)	(Column 3)			,		• .	ı
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<u>₹</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					42	Y.	Off	42:48.		-
	•		0	21/1/23		TOTAL ADO'L FEE			TOTAL	·	ľ
		(Column 1)	: 01	a00	in in the second	NOU C FEE	<u> </u>	OR	ADD'L FEE		l
DMENTC	-	CLAIMS	. 1	(Column 2) HIGHEST	(Column 3)		<u></u>	, I !	····	· · · · · · · · · · · · · · · · · · ·	l.
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AMENDM	Independent G7 OFR 1.10pg	. 4	Minus	PC		X		OR 3	X 8		ŀ
₹	——————————————————————————————————————					**	····	or .	X et		
THROS PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))								QR	+ 8	: , .	
TOTAL ADDIT FEE								OR.	TOTAL" ADD'L FEE	10	ľ
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20".											

The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20".

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 20".

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 20".

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This collection of Information is required by 37 CFR 1.18. The Information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process), an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 stimutes to complete, and the amount of the 900 require to complete depolation from to the USPTO. Time will very depending upon the individual case. Any commence on the amount of the 900 require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1295, no persons are required to respond to a collection of information unless - Valle OMB control nur PATENT APPLICATION FEE DETERMINATION RECORD * Kon Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER T. WIN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED **NUMBER EXTRA** RATE FEE RATE FEE (37 CFR 1.16(a)) TOTAL CLAIMS OR · (87 CFR 1.16(g) minus 20 -X 1 OR MOEPENDENT CLAIMS (P7 CFR 1.16(b)) minus 3 = 2 E OR MULTIPLE DEPENDENT CLAIM PRESENT (37-CFR 1.16(d)) * OR. * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II بزنانين : 2 OTHER THAN (Column 1) (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI ENDMENT RATE AFTER ADDI-**PREVIOUSLY** EXTRA TIONAL TIONAL MENDMENT PAID-FOR Total profit Line Minus OR Independent G7 CFR 1.1664 Minus X s * OR PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +: ОŖ TOTAL TOTAL ADO'L FEE OR ADO'L EFF (Column 1) (Column 3 CLAIMS HIGHEST REMAINING NUMBER PRESENT 4001 ETE RATE ADOF . RATE AFTER PREVIOUSLY **EXTRA** TIONAL FEE TIONAL MENDMENT PAID FOR Total proprises ENDM Minus OR X S Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OŖ TOTAL TOTAL" ADD'L FEE OR ADD'L FEE (Column 1) lunın 2 (Column 3) CLAIMS HOHEST REMAINING ADDI-NUMBER PRESENT RATE ADDI-TIONAL RATE 图 AFTER PREVIOUSLY EXTRA TIONAL ENDMENT PAID EOR FEE Total . .FEE Minus X 1 OŔ Independent G7 OFR 1.100 B Minus X 2 ** . . 'E ·OŖ First presentation of multiple dependent claim (37 CFR 1 16(d)) QR TOTAL TOTAL ADD'L FEE OR. ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 30".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 30".

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